



INSURANCE INFORMATION FORM

Date Insurance Company Called: _____

Your annual mental health benefit, as authorized by your insurance company will be paying for most or all of your therapy sessions. Therefore, it is important to know your annual insurance benefit and its annual renewal date, as well as knowing the maximum number of covered sessions you are allowed each year. So that your out-of-pocket costs are minimized, you will need to keep track of the number of sessions used, as well as notify your CCPC-Ohio (THERAPIST) two weeks prior to the expiration date of the current authorization so that enough time to request more sessions if needed. ***Per the fee agreement that you signed upon initiation of services, if the number of therapy sessions exceeds the allotted number of sessions under you current authorization, or the date of the therapy session is outside the parameters of the current authorization, you would be responsible for payment of any session fees not covered by your insurance company.***

Please use this form to log the results of what your insurance company has quoted to you on the above-noted date regarding your eligibility and benefits for outpatient mental health services:

- Insurance company's mental health manager: _____
- Number of sessions allowed per year/annual renewal date: _____
- Deductible needing to be met: _____
- Deductible met thus far: _____
- Co-pay per session: _____
- Number of sessions this authorization: _____
- Authorization start date: _____
- Authorization end date: _____

Please let me know if you have any other questions or problems.